Team #25
Tony Phan phan0143
Grant Colestock coles042
David Nguyen nguy3482
Amogh Bhagwat bhagw018

PATIENT

PID	DOB	Fname	Minit	Lname	Apt_no	Street	City	State	Zipcode

EMERG_CONTACT

Patient_ID	Contact_Name	Emerg_Phone_no

PATIENT_PHONE_NO

PID	Phone_no

INITIAL_ASSESSMENT

A_id	Blood_pressure	Weight	Height	Pulse	Temperature	Med_desc	Visit_Id	Nurse_Id

MEDICATION

Assess_ID	Medication

ALLERGY

Assess_ID	Allergy

VISIT

V_id	Datetime	Initial_cost	Additional_cost	Patient_id	Pol_no	Clerk_Id

INSURANCE_POLICY

Policy_no

GUARDIAN

G_id	Visit_Id	Phone_no	Dob	Relationship	Fname	Minit	Lname

PRESCRIBED

Vist_ID	Pcs_code	Approval_form	Is_approved

TREATMENT

Pcs_code	Name	Cost

CONDITION

Cm_code	Name

DIAGNOSIS

Cm_code	Visit_Id	Provider_Id

SERVICE_PROVIDER

SID	EID

IN_CLERK

CID	EID

NURSE

NID	EID

EMPLOYEE

EID	SSN	Fname	Minit	Lname